

CHECK SHEET FOR DRIVER'S FORMS

Driver's Name _____

Address _____ City _____ State _____ Zip _____

INSTRUCTIONS TO CARRIER: The following format is provided as a check list to be used when hiring new employees and as a reference throughout the year.

SECTION 1

DOCUMENT and rule requiring the document	DATE DOCUMENT COMPLETED	SIGNATURE OF SUPERVISOR REVIEWING
1. Application for employment 49 CFR, Part 391. 21 <i>Required prior to employment</i>		
2. Request for Check of Driving Record 49 CFR, Part 391.23(a)(1) <i>Required to be done within 30 days of employing the driver</i> (list each state below) _____ _____		
3. Inquiry to Past Employers 49 CFR, Part 391.23(2)(c) <i>Required to be done within 30 days of employing the driver</i> (list each employer below) _____ _____		
4. Road test/certificate/equivalent 49 CFR, Part 391.31 <i>Must be done before can operate motor vehicle</i>		
5. Physical Examination/Certificate 49 CFR, Part 391.41 <i>Must have before can operate motor vehicle</i>		
6. Driving Record 49 CFR, Part 391.25		
7. Record of Violations 49 CFR, Part 391.27		
8. Certification of Compliance		
9. Certification of Controlled Substance Test		

SECTION 2

1. Physical Examination and Certificate Review (every two years)		
2. Violation and Review Record 49 CFR, Part 391.25 and 391.27 <i>Driving record must be reviewed annually</i>		